

# FLEET HOMETOWN NEWS PROGRAM -- RELEASE FORM

5724/1 (REV. NOV-2003)

<b>COMMAND MAILING ADDRESS</b>		<b>COMMAND RELEASING AUTHORITY (TO BE COMPLETED BY PAO)</b>	
		PAO NAME/E-MAIL: _____	
		SIGNATURE: _____	
		PAO PHONE: _____	
		HOMEPORT: _____	
		<b>HOLD FILE</b>	
		YES      NO	
<b>I CERTIFY THIS INFORMATION IS CORRECT. I HAVE NO OBJECTION TO ITS PUBLICATION. FORMS NOT SIGNED WILL NOT BE PROCESSED.</b>			
<b>SIGNATURE:</b> _____		<b>DATE SIGNED:</b> _____	
SSN:                      -       -	GENDER:        M              F	AGE/BIRTHDAY: _____	
FIRST NAME: _____	SERVICE BRANCH: _____	E-MAIL ADDRESS: _____	
MIDDLE INITIAL: _____	ENTERED SERVICE: _____		
LAST NAME: _____	RANK/RATE: _____		
<b>JOB TITLE:</b> _____		<b>UIC:</b> _____	
<b>SPOUSE FULL NAME:</b> _____		<b>RUC-MCC:</b> -	
		<b>OPFAC:</b> -	
<b>PARENTS</b>	<b>MARRIED:</b> _____	<b>DIVORCED:</b> _____	<b>SEPARATED:</b> _____
<b>FATHER'S FULL NAME:</b> _____		<b>FATHER DECEASED:</b> Y        N	
E-MAIL: _____	<b>MAILING ADDRESS:</b> _____		
PHONE: _____			
			<b>ZIP CODE:</b> _____
<b>MOTHER'S FULL NAME:</b> _____		<b>MOTHER DECEASED:</b> Y        N	
E-MAIL: _____	<b>MAILING ADDRESS:</b> _____		
PHONE: _____			
			<b>ZIP CODE:</b> _____
<small>CHECK IF SAME AS FATHER'S</small>			
<b>IN-LAWS</b>	<b>MARRIED:</b> _____	<b>DIVORCED:</b> _____	<b>SEPARATED:</b> _____
<b>FATHER'S FULL NAME:</b> _____		<b>FATHER DECEASED:</b> Y        N	
E-MAIL: _____	<b>MAILING ADDRESS:</b> _____		
PHONE: _____			
			<b>ZIP CODE:</b> _____
<b>MOTHER'S FULL NAME:</b> _____		<b>MOTHER DECEASED:</b> Y        N	
E-MAIL: _____	<b>MAILING ADDRESS:</b> _____		
PHONE: _____			
			<b>ZIP CODE:</b> _____
<small>CHECK IF SAME AS FATHER'S</small>			
<b>OTHER RELATIVE:</b>	<b>FULL NAME:</b> _____		
<b>RELATION:</b> _____	<b>MAILING ADDRESS:</b> _____		
E-MAIL: _____			
PHONE: _____	<b>ZIP CODE:</b> _____		
<b>NEWSPAPERS YOU WANT THIS RELEASE SENT TO:</b>			
H.S. GRAD YEAR	NAME OF HIGH SCHOOL		CITY, STATE, ZIP CODE
COLL. GRAD YEAR	NAME OF COLLEGE	TYPE OF DEGREE	CITY, STATE, ZIP CODE
COLL. GRAD YEAR	NAME OF COLLEGE	TYPE OF DEGREE	CITY, STATE, ZIP CODE
<b>CHECK THE APPROPRIATE BOX OR LIST COMPLETE DETAILS. IF YOU RECEIVED A MEDAL OR AWARD, ATTACH COPY OF CITATION.</b>			
DATE OF EVENT: _____		GOOD CONDUCT MEDAL: _____ MEDAL/AWARD (ATTACH COPY): _____	
RETIRED:                      # OF YEARS		PROMOTED TO ABOVE RANK: _____ DEPLOYMENT (EXPLAIN BELOW): _____	
REENLISTED:                      # OF YEARS		REPORTED FOR DUTY: _____ OTHER (EXPLAIN BELOW): _____	
MERITORIOUSLY PROMOTED: _____		MIL. SCHOOL GRAD (SCHOOL OR COURSE NAME): _____	
<b>EXPLANATION:</b> _____			